

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 03, 2000 8:00 am
Secretary of State

03-22-2000 90061 042 ***150.00

DOCUMENT # F12271

1. Entity Name

COMMERCIAL MARINE, INC.

Principal Place of Business

Mailing Address

590 BLANTON COURT
 C/O WAYNE WALDEN
 PENSACOLA FL 32506

590 BLANTON COURT
 C/O WAYNE WALDEN
 PENSACOLA FL 32506-5429

2. Principal Place of Business

3. Mailing Address

590 BLANTON CT
 Suite, Apt. #, etc.

590 BLANTON CT
 Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32506

Country

USA

Zip

32506

Country

USA

6. Name and Address of Current Registered Agent

WALDEN, WAYNE
 590 BLANTON COURT
 PENSACOLA FL

7. Name and Address of New Registered Agent

Name
KEN DANKS
 Street Address (P.O. Box Number is Not Acceptable)
2951 RANCHETTE SQUARE
 City
GULF BREEZE FL Zip Code
32561

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Kenneth Danks*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/30/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, EARL	
STREET ADDRESS	21 GULF ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANK, KEN	
STREET ADDRESS	9 GULF STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALDEN, WAYNE	
STREET ADDRESS	223 AQUA MARINE AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN DANKS	
STREET ADDRESS	2951 RANCHETTE SQUARE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Danks **KENNETH DANKS** 3/30/2000 850 493 5458

Date

Daytime Phone #